

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						10/583958	APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51	/	
2							52	/	
3							53	/	
4							54	/	
5							55	/	
6							56	/	
7							57	/	
8							58	/	
9							59	/	
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12							62	/	
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36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42	/						92		
43	/						93		
44	/						94		
45	/						95		
46	/						96		
47	/						97		
48	/						98		
49	/						99		
50	/						100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		